

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		1						
4		3						
5		3						
6	1	3						
7								
8		3						
9		3						
10	1							
11		1						
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								